## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE

1

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further indicated unless correcte naintenance fee notificat  | correspondence including descriptions.  | ng the Patent, advance of<br>herwise in Block 1, by (   |   |   |   |   | correspondence address as at the "FEE ADDRESS" for   |  |
|---|---|---|---|---|---|---|--|--|
| CURRENT CORRESPONDE   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |   |   |   |   |   |  |  |
| 27799<br>COHEN, PON'<br>551 FIFTH AVE<br>SUITE 1210   | 7590 09/08<br>TANI, LIEBERM<br>ENUE   | AN & PAVANE   | VOV 2 4 2006  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |   |  |  |
| NEW YORK, N   |   | TRADEMINA   | Thomas  |   | - 11 ""   | (Depositor's name)  |  |  |
| 1/24/2006 BABRAHA2  |   | PADEMAR   | Mh  | <u>~\}&amp;</u>   |   | (Signature)   |  |  |
| I FC:1501<br>2 FC:1504  | 300.00 OP   |   |   | November 21, 2006   |   |   | (Date)   |  |
| APPLICATION NO.   | FILING DATE   | FILING DATEOU OP  |   | OR  | ATTORNEY DOCKET NO.                               |   | CONFIRMATION NO.   |  |
| 10/820,402 04/08/2004   |   |   | Robert Pradel   |   | 4452-625  |   | 8462   |  |
| TILE OF INVENTION   | : VIBRATION DAMPE   | R WITH AMPLITUDE-   | ·   | _   |   |   |  |  |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DU  |   |   | TOTAL FEE(S) DUE  | DATE DUE   |  |
| nonprovisional NO   |   | \$1400  | \$300   |   | O   | \$1700  | 12/08/2006   |  |
| EXAMINER  |   | ART UNIT  | CLASS-SUBCLASS  |   |   |   |  |  |
| STERLING, AMY JO 3632   |   |   | 248-560000  |   |   |   |  |  |
| . Change of correspondence address or indication of "Fee Address" (CFR 1.363).  Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custor Number is required.                          |   |   | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |   |   |  |  |
|   |   | A TO BE PRINTED ON  |   |   | ecionaa ie id                                     | lentified below the do  | cument has been filed for  |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY) |   |   |   |   |   |   |  |  |
| ZF Sacha AG   |   |   | Schweinfurt, Germany  |   |   |   |  |  |
| Please check the appropriate assigned category or categories (will not be printed on the patent): 🔲 Individual 📓 Corporation or other private group entity 🚨 Government   |   |   |   |   |   |   |  |  |
| a. The following fee(s) a  Issue Fee  Publication Fee (N  Advance Order - #   | o small entity discount p   | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |   |   |   |   |  |  |
| a. Applicant claims   | tus (from status indicated<br>s SMALL ENTITY statu  | is. See 37 CFR 1.27.  | • •   |   |   | FITY status. See 37 CF  |  |  |
| NOTE: The Issue Fee and naturest as shown by the r  | d Publication Fee (if requee or the United Sta  | uired) will not be accepte<br>tes Patent and Trademarl  | ed from anyone other tha<br>k Office.   | n the applicant;  | a registered a                                    | ittorney or agent; or the   | e assignee or other party in   |  |
| Authorized Signature  | Sund  | Date November 21, 2006  |   |   |   |   |  |  |
| Typed or printed name Thomas C. Pontani   |   |   | Registration No. 29,763   |   |   |   |  |  |
| This collection of information application. Confident ubmitting the completed his form and/or suggesti  | ation is required by 37 C<br>iality is governed by 35<br>I application form to the<br>ons for reducing this but   | FR 1.311. The informati<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will var<br>rden, should be sent to the   | ion is required to obtain of 1.14. This collection is y depending upon the inne Chief Information Off   | or retain a beneficestimated to take dividual case. A icer, U.S. Paten  | t by the puble 12 minutes ny comment t and Tradem | ic which is to file (and to complete, including s on the amount of timnark Office, U.S. Depar | by the USPTO to process)<br>gathering, preparing, and<br>e you require to complete<br>truent of Commerce, P.O. |  |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.